S. No. 2
M—5-42
5-17-39
I X3287

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5441

FILED MAR 15 1943

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 1077

1. **PLACE OF DEATH:**
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.General Hospital No.1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days; In this community 22 Years (Specify whether years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 4305 Askew Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME King Blanche Reid

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. William A. Reid

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January (Month) 8 (Day) 1880 (Year)

8. AGE: Years 63 Months 1 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Green County (City, town, or county) Georgia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER

12. Name Hugh King

13. Birthplace ____ (City, town, or county) Unknown (State or foreign country)

14. Maiden name Virginia

15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mr. William A. Reid
(b) Address 4305 Askew Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation, Robinson, Georgia

18. (a) Signature of funeral director D.H. Newcomb Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-2-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 1st year 1943 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from 2-21-43, 19__ to 3-1-43, 19__; that I last saw her alive on 3-1-43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ---
Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature Drury R. Thomas (M. D. or other)
Address Med.Dir.K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. J. C. Newcomer Jr

Licensed Embalmer No. 1043

P. O. Address. Leoma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.